

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13	1					
14						
15						
16						
17						
18						
19						
20						
21	1					
22						
23						
24						
25						
26	1					
27	1					
28	1					
29	1					
30	1					
31						
32						
33						
34						
35						
36						
37						
38	1					
39						
40						
41						
42						
43						
44						
45	1					
46	1					
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51						
52	1					
53						
54						
55						
56						
57						
58						
59						
60		12				
61	1					
62		12				
63		12				
64		12				
65		12				
66		12				
67		12				
68		12				
69		12				
70		12				
71		12				
72		12				
73		12				
74		12				
75		12				
76		12				
77		12				
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	13					
TOTAL DEP.		251				
TOTAL CLAIMS	264					